

# ANNOUNCING CARILION CLINIC'S SCHOLARSHIP OPPORTUNITIES

- SEAY EDUCATION SCHOLARSHIP – OPEN TO EMPLOYEES ONLY. APPLICANTS MUST CURRENTLY BE AN RN PURSUING A BACHELOR'S DEGREE IN NURSING. AWARD AMOUNT IS \$2,000.
- JOANN BRINKMAN NURSING SCHOLARSHIP – OPEN TO EMPLOYEES AND NON-EMPLOYEES. APPLICANTS MUST BE A SINGLE PARENT OR COME FROM A SINGLE PARENT HOUSEHOLD. AWARD AMOUNT IS \$250.
- ROANOKE MEMORIAL SCHOOL OF PROFESSIONAL NURSING ALUMNI ASSOCIATION SCHOLARSHIP – OPEN TO EMPLOYEES AND NON-EMPLOYEES. PREFERENCE WILL BE GIVEN TO GRADUATES OR DECENDENTS OF GRADUATES FROM THE RMH SCHOOL OF PROFESSIONAL NURSING. AWARD AMOUNT IS \$2,000.

## **ELIGIBILITY**

Applicants must be enrolled or officially accepted into an accredited school of nursing, be in good academic standing, be active within the community and submit a completed application with copy of their unofficial transcript, essays and two references. A copy of the applicant's transcript is required to be considered for any of the above three scholarship opportunities. **Scholarship recipients will be asked to provide a letter of acceptance or current transcript to their institution prior to receiving payment.**

## **COMPLETED APPLICATIONS INCLUDE:**

- Application (3 pages)
- Copy of current unofficial transcript
- Essay(s)-If applying for multiple scholarships, please differentiate each by title (ex: Essay for Seay Scholarship)
- Two recommendation forms. Letters of recommendation will not be accepted in place of these forms.

Please continue to next page to complete application.

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

# CARILION CLINIC

I am submitting this application for (please check all that apply):

- Seay Education Scholarship
- JoAnn Brinkman Nursing Scholarship
- Roanoke Memorial School of Professional Nursing Alumni Association Scholarship

Program: <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> DNP		Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Extra curricular activities	<hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/>
Honors and awards	<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>
	Community Organization	Description of Role	Dates of Participation/ Total Number of Service Hours
Current community service activities	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

<b>EDUCATION (MOST RECENT FIRST) CURRENT GPA MUST BE SUPPORTED BY UNOFFICIAL TRANSCRIPT</b>							
Current			Address				
From	To	Expected graduation date	Degree	GPA			
Other			Address				
From	To	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	GPA		
Other			Address				
From	To	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	GPA		

<b>REFERENCES – THESE SHOULD BE ACADEMIC FACULTY OR COUNSELORS OR EMPLOYERS.</b>	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

EMPLOYMENT		
Current Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving
Previous Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving
Previous Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving

**ESSAYS – LIMIT YOUR RESPONSE TO NO MORE THAN 250 WORDS PER QUESTION. THIS SHOULD BE COMPUTER GENERATED AND SECURED TO THE APPLICATION FORM. PLEASE DO NOT INCLUDE YOUR NAME ON THE ESSAY PAGES.**

Seay Education Scholarship applicants

1. What qualities and skills do you possess that make you an excellent R.N.?
2. How have you demonstrated these qualities within your professional and community life, as well as your academic pursuits?
3. Why do you strive to obtain a B.S.N.?

JoAnn Brinkman Nursing Scholarship applicants

1. What strengths will you bring to the nursing profession?
2. What are your long-term goals for nursing?
3. Describe any challenges or rewards you have had while pursuing your nursing degree as a single-parent or coming from a single-family household.

Roanoke Memorial School of Professional Nursing Alumni Association Scholarship

1. Please submit a biographical summary that includes your education background, financial need and why you feel you should be a recipient of this scholarship.
2. Why do you want to pursue nursing as your profession?
3. If you are a graduate of the RMH School of Professional Nursing, what did you gain from going through that program? If you are a descendant of someone who graduated from that program, how has that person influenced your life?

**Please check here if you are Alumni or a Descendant of RMH Alumni**

**Application is due no later than Friday, March 4, 2016. Please mail to:**

Carillion Clinic: Scholarship Review Committee  
 Attn: Karri Proctor  
 Visiting Student Affairs  
 Riverside 1: 4<sup>th</sup> floor  
 PO Box 13367  
 Roanoke, VA 24033-3367

**\* Please do not utilize two-sided printing**

**Carilion Clinic Affiliated Scholarships  
Recommendation Form**

\_\_\_\_\_ has applied for a Carilion Clinic affiliated scholarship and listed you as a reference. Please complete the recommendation form and place in an envelope with your signature across the seal and send to, **by March 4, 2016.**

Carilion Clinic: Scholarship Review Committee  
Attn: Karri Proctor  
Visiting Student Affairs  
Riverside 1: 4<sup>th</sup> floor  
PO Box 13367  
Roanoke, VA 24033-3367

On a scale of 1 (lowest) to 4 (highest), please rank this applicant on each item compared to other individuals you have known in a similar capacity. If you are unable to evaluate on a certain criterion, please circle N/A. Please justify all high and low scores with comments below.

Oral communications	1	2	3	4	N/A
Written communications	1	2	3	4	N/A
Potential as healthcare provider	1	2	3	4	N/A
Leadership qualities	1	2	3	4	N/A
Motivation level	1	2	3	4	N/A

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall rating:    Strongly recommend    Recommend    Do not recommend

Name and Title	Organization	Relationship	Date
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The family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their rights of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation. Failure to respond will be considered a waiver of the right to this recommendation.

I do waive my right to inspect the contents of the following recommendation.  
 I do not waive my right to inspect the contents of the following recommendation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Motivation level	1	2	3	4	N/A

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall rating:    Strongly recommend    Recommend    Do not recommend

Name and Title	Organization	Relationship	Date
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